



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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Canc frp: Oct 2001
IN REPLY REFER TO
BUMEDNOTE 6230
BUMED-24B
30 Oct 2000

BUMED NOTICE 6230

From: Chief, Bureau of Medicine and Surgery
To: Holders of the Manual of the Medical Department

Subj: CHANGE TO THE MANUAL OF THE MEDICAL DEPARTMENT (MANMED),
CHAPTER 15, ARTICLE 15-29, SEPARATION FROM ACTIVE DUTY

Ref: (a) ASD(HA) policy memo 99-016 of 16 Jun 99 (NOTAL)
(b) MANMED Article 15-29

Encl: (1) Revised pages 15-15 and 15-16 and new page 15-16a

1. Purpose. To update requirements for separation physical examinations per reference (a). Reference (a) is available at:
<http://www.tricare.osd.mil/policy/ha99pol/clin9916.html>

2. Action. To update reference (b), remove page 15-15 and insert enclosure (1).

3. Cancellation Contingency. Retain until incorporated into reference (b).


D. C. ARTHUR
Deputy

Available at:
<http://navymedicine.med.navy.mil/instructions/external/external.htm>

(9) Selected Reserve Affiliations

(a) SELRES and personnel in VTUs are members of the Ready Reserve who have incurred a statutory obligation upon enlistment or commissioning, reenlistment, or extension as a Navy or Marine Corps reservist.

(b) Members must be found PQ for affiliation with and assignment to a SELRES unit or VTU. For affiliation, a separation physical completed within the previous 24 months will suffice. Before being formally affiliated with a SELRES unit or VTU, the member must present a copy of the separation SF-88 and complete a new SF-93 for review and signature by the medical officer. The SF-93 must be signed by a credentialed health care provider before SELRES unit or VTU affiliation. If a credentialed provider is unavailable, the SF-93 may be signed by the MDR who must first have written authorization from his or her supervising medical officer or unit commander.

15-29**Separation from
Active Duty**

(1) Separation physical examinations are conducted to determine members being separated from active duty, regardless of the reason, are PQ for continued service. Exceptions include:

(a) Members who have been evaluated by a medical board.

(b) Recruit or trainee discharged by reason of aptitude board action before completion of 90 days of active duty.

(2) Separation physical examinations will conform to articles 15-8 and 15-9. Separation standards are the same as those for retention, with the following additions:

(a) Members with communicable diseases, e.g., tuberculosis or venereal disease, will not be separated until noninfectious.

(b) Members found to have a condition that is physically disqualifying for continued active duty. In such instances, a medical board will be convened.

(3) Separation examinations will normally be completed within 6 months of the actual date of separation, although members who have a retirement date, transfer to the fleet

Reserve, or are nearing high year tenure will undergo complete examination at least 1 year before separation. Within 45 days of actual separation, members must have their examinations reviewed and any significant interim history documented in block 42 of SF-88 (Rev. 10-94).

(4) Each member will be required to read the following statement at the time of examination.

You are being examined because of your separation from active duty. If you feel you have a serious defect or condition that interferes, or has interfered, with the performance of your military duties, advise the examiner. If you are considered by the examiner to be not physically qualified for separation, you will be referred for further evaluation, and if indicated, appearance before a medical board. If however, you are found physically qualified for separation, any defects will be recorded in item 43 of SF-88 (Rev. 10-94) or on an SF-600. Such defects, while not considered disqualifying for military service, may entitle you to certain benefits from the Department of Veterans Affairs (DVA). If you desire any further information in this regard, contact the DVA office nearest your home after your separation.

(5) For members being separated before completion of 90 days service, the following entry must be made on an SF-600, signed by the member, and witnessed by an MDR:

You have been examined during the past 90 days and are considered physically qualified for separation from active duty. No defects have been noted that would disqualify you from the performance of your duties or entitle you to disability benefits from the naval service. Should you believe the foregoing is not correct, a medical officer will evaluate your concerns, and, if indicated, refer you to an appropriate site for further study. To receive disability benefits from the Navy, you must be unfit to perform the duties of your office, grade, or rating because of disease or injury incurred while you are entitled to receive basic pay. After you are separated, any claims for disability benefits must be submitted to the Department of Veterans Affairs. Indicate by your signature you understand the foregoing statement.

(6) All members will also be requested to sign the following entry on item 42 of the SF-88 (Rev. 10-94) or an SF-600:

I have been informed of and understand the provisions of article 15-29 of the Manual of the Medical Department.

Refusal of the member to sign this statement will not delay separation. The examiner must note in item 42 of the SF-88 (Rev. 10-94) or on the SF-600 the provisions of article 15-29 have been fully explained to the member, who declines to sign a statement to that effect.

(7) All members 35 years of age and older either separating or retiring will be offered screening for antibodies to hepatitis C virus (HCV).

(a) This testing will be voluntary and will not delay release from active duty.

(b) Though screening will be offered to those 35 years of age or older, anyone who wishes to know or is concerned regarding their HCV-infection status should be provided the opportunity for counseling, testing, and appropriate follow-up. The results of screening and any evaluation and treatment shall be annotated in the member's permanent medical record.

(c) Members offered HCV testing will be required to sign and date the following entry on an SF-600:

Screening for the presence of antibodies to hepatitis C virus (HCV) is offered to all Navy and Marine Corps Service personnel over the age of 35 years upon their retirement or separation. This screening is not mandatory.

Hepatitis C is transmitted primarily by injections of contaminated blood. The following are possible sources of hepatitis C infection. If you can answer "yes" to any of these risk factors, you should receive a simple blood test to determine if you could have hepatitis C.

- Receiving a transfusion of blood or blood products before 1992.
- Ever injecting illegal drugs, including use once many years ago.
- Receiving clotting factor concentrates produced before 1987.
- Having chronic (long-term) hemodialysis.
- Being told that you have persistently abnormal liver enzyme tests or an unexplained liver disease.
- Receiving an organ transplant before July 1992.
- Having a needle stick, sharps, or mucosal exposure to potentially HCV-infected blood as part of your occupational duties and not previously evaluated for HCV infection.

If you consider yourself at risk, based on an exposure to a possible source of hepatitis C virus, you should have a simple blood test for hepatitis C infection (HCV antibody test). You may request HCV testing even if you don't have a specific risk factor for infection. You will not be asked to identify any specific risk factors to justify HCV testing. HCV testing will not delay your separation or retirement.

If the test is positive, you will receive a medical evaluation to confirm HCV infection, determine your need for specific treatments, and be provided counseling on lifestyle modifications and steps to protect others from infection.

Circle one of the following:

No - I do not want to be tested for hepatitis C.

Yes - I want to be tested for hepatitis C.

Indicate by your signature that you understand the foregoing statement.

15-30

Transfer of Personnel

(1) *Transfer within the United States (Except to Isolated Duty) or from Overseas or Sea Duty to the United States.*

Medical and dental records will be screened by the MDR to determine a member's fitness for transfer. Immunization requirements are in BUMEDINST 6230.15 series.

(2) *Transfer to Sea Duty, Overseas Duty, or Isolated Duty within the United States*

(a) Suitability for overseas assignment is covered in BUMEDINST 1300.2 series.

(b) Members ordered to isolated duty stations or sea duty must not have medical or dental conditions that are likely to require extensive or prolonged treatment. Any required medical or dental care must be provided before the anticipated date of transfer.

(3) *Reporting Requirements*

(a) A dated and signed SF-600 entry will be made noting the health record has been screened.

(b) A member considered NPQ for transfer will be referred for appropriate evaluation, and the member's command will be promptly notified.

(c) Defects waived at the time of original entry into the Service will not be considered disqualifying unless substantial changes have occurred.

(4) *Notification or Noncompliance.* When personnel are received at ports of embarkation, aboard ships, or at overseas stations without required medical examinations, immunizations, dental treatment, or complete health records, the deficiencies must be reported to the unit commander with a written recommendation the matter be brought to the attention of the member's previous command so future overseas screening will comply with directives.

15-31**Physical Readiness
and Body Fat**

(1) Physical readiness and body fat standards for active duty and Reserve Navy personnel along with specific program responsibilities and actions are contained in OPNAVINST 6110.1 series. Medical Department personnel should:

(a) Routinely record body weight with other vital signs on all SF-600 entries.

(b) Record body weight on the SF-88 (Rev. 10-94) when conducting periodic or special medical examinations. Official body fat measurements may be obtained from the member's command and entered in the margin above blocks 24 and 25 of the SF-88 (Rev. 10-94).

(c) Evaluate obese members to rule out underlying or associated disease processes and assess the effect of excess body fat on the member's fitness to perform his or her duties.

(d) Recommend weight reduction goals, prescribe diets, and promote appropriate exercise programs.

(e) Provide the unit commander with recommendations for appropriate action based on professional judgement about the likelihood of success in weight reduction and exercise programs.